

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525557
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1	1			
4		1	1			
5		1	1			
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46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	17	←	16	←		←
TOTAL CLAIMS	19		18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						